



FOR YOUR

BENEFIT

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for active and retired employees of the Commonwealth of Massachusetts

Argeo Paul Cellucci, Governor
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Dolores L. Mitchell, Executive Director

Fall 2000

GROUP INSURANCE COMMISSION
*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Health Care at a
Reasonable Cost*

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20 Tips to Avoid Medical Mistakes

Last fall the Institute of Medicine (IOM) published an alarming report. *"To Err is Human: Building a Safer Health System"* revealed that 44,000 to 98,000 Americans die each year as the result of preventable medical errors. Using the IOM's more conservative figure of 44,000 deaths demonstrates the severity of this finding: medical errors rank as the eighth leading cause of death, killing more Americans than motor vehicle accidents, breast cancer, or AIDS. The report emphasized that many of these errors are system failures, not just human errors, and they are therefore capable of being corrected.

Take charge of your health care. The U.S. government's Agency for Healthcare Research and Quality (AHRQ) recommends that patients do the following to reduce their risk of becoming victims of medical mistakes:

1) Be an active member of your health care team: This is THE biggest predictor of getting the best health care results. Ask questions. Take part in every decision about your health care.

2) Make sure your doctor knows every prescription, over-the-counter medication, and dietary supplements, such as vitamins and herbs, you are taking.

3) Make sure your doctor knows about any allergies and adverse reactions you have had to medicines.

4) When your doctor writes you a prescription, make sure you can read it. If you can't read it, your pharmacist probably can't either.

5) Ask questions of your doctor and pharmacist about your prescription. What is it for? How am I supposed to take it and for how long? What side effects are likely? What do I do if they occur? Is this medicine safe to take with other medicines or dietary supplements I am taking? What food, drink, or activities should I avoid while taking this medicine?

(Continued page two)



GIC Executive Director, Dolores L. Mitchell (l) welcomes new Administration and Finance Secretary, Stephen Crosby, to the GIC.

20 Tips to Avoid Medical Mistakes

(continued from page one)

6) When you pick up your prescription, verify that it is the correct drug prescribed. A study by the Massachusetts College of Pharmacy and Allied Health Sciences found that 88 percent of medicine errors involved the wrong drug or wrong dose.

7) Clarify your understanding of the dosage instructions with the pharmacist. For example, does four doses daily mean taking a dose every 6 hours round the clock, or just during regular waking hours?

8) Ask for instructions on measuring liquid medicines.

A household teaspoon may not accurately measure a liquid teaspoon; a syringe or other device will probably provide more accuracy.

9) Ask the pharmacist for written side effects your medicine may cause.

10) If you are having a procedure or surgery done at a hospital, choose a hospital with a lot of experience performing the procedure.

11) Consider asking all health care workers who have direct contact with you in a hospital whether they have washed their hands.

12) When you are being discharged from a hospital, ask your doctor to explain about the medications you will be taking, and the activities you may safely engage in, at home.

13) If you are having surgery, make sure that you, your doctor, and your surgeon agree on exactly what

and where the surgery will be performed. The American Academy of Orthopedic Surgeons urges its members to sign their initials directly on the site to be operated on before the surgery, for example on the left knee.

14) If you have questions or concerns, speak up.

15) Make sure that one person, such as your personal doctor, is in charge of your care. This is especially important if you have many health problems, or are in a hospital.

16) Make sure that all health professionals involved in your care have important health information about you.

17) Ask a family member or friend to be there with you and to be your advocate: pick someone who will help get things done for you and speak up for you when you can't.

18) Know that "more" is not always better. Find out why a test or treatment is needed and how it can help you.

19) Ask about the results of all tests. Don't assume that no news is good news.

20) Learn about your condition and treatments by asking your doctor and nurse and by using other reliable sources. Treatment recommendations based on the latest scientific evidence are available from the National Guidelines Clearinghouse at www.guideline.gov.

Coordinated Effort Ensures Medicine Gets Out

Over seventy thousand GIC Pharmacy Program enrollees were switched to a new Pharmacy Benefit Manager (PBM) on July 1, 2000. Thanks to Express Scripts', Merck-Medco's, and GIC staff's coordinated efforts, the transition went smoothly. Express Scripts is the new PBM and Merck-Medco was the PBM until June 30, 2000, providing pharmacy benefits for GIC Indemnity Plan and Commonwealth PPO health plan enrollees.

Merck-Medco electronically transferred all mail order prescriptions to Express Scripts at the end of June, ensuring uninterrupted service. Call volume was heavy at both Express Scripts and the GIC. Express Scripts increased staffing levels, servicing and answering over 23,000 calls in July. Mail order prescription refills were processed quickly, averaging a one and a half day

turnaround.

A few enrollees threw out the mailing with their new pharmacy ID cards, not realizing what was inside. And some enrollees were concerned when their prescription's manufacturer had changed. Of course, there were a few glitches, but they were relatively few given the volume of transactions.

If you are a GIC Pharmacy Program enrollee, be sure to send your mail order prescription drug refills in the Express-Scripts envelope received with your new card (3684 Marshall Lane, Bensalem, PA 19020-9863). With your refill, you will receive a new mail order envelope. *For a mail order refill envelope, or for other pharmacy benefit questions, contact Express-Scripts twenty-four hours a day toll-free: 1-877-828-9744.*



GLC Pediatric Preventive Health Guidelines

Timely immunizations and screening are vital for your child's health. The general guidelines for routine exams and screenings are outlined below. These were prepared using materials from the American Academy of Pediatrics and GIC's own health plans. Check with your health plan to confirm what it recommends and will cover.

Discuss these guidelines with your doctor. Only you and your pediatrician can determine what schedule is right for your child.

Also discuss the following topics, as applicable, to make the most of your doctor visits:

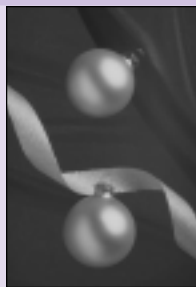
- Nutritional counseling and assessment
- School performance
- Seat belt and car seat safety
- Peer and family relationships
- Bicycle helmet safety
- Dental care
- Exercise
- Sexual behavior, contraceptives, and sexually transmitted diseases
- Smoke detectors and flame-retardant sleepwear
- Smoking cessation
- Injury prevention including electric outlets, pool fences, window/stair guards,
- Alcohol and drug abuse
- safe storage of medications and cleansers, firearms storage, and matches
- Depression and stress management

Immunizations	Birth to 23 months	Children age 2 to 6	Children age 7 to 12	Children age 13 to 18
Hepatitis B Vaccine (Hep B)	At birth-2 months, 1-4 months, and 6-18 months	Check with your pediatrician to find out if your child has already received three doses of Hep B	Check with your pediatrician to find out if your child has already received three doses of Hep B	Check with your pediatrician to find out if your child has already received three doses of Hep B
Polio (IPV-Inactive, or OPV-Oral)	At ages 2 months, 4 months, and 6-18 months	Once between ages 4-6 (school entry)	Not routine	Not routine
Diphtheria, Pertussis, Tetanus (DPT)	At ages 2 months, 4 months, 6 months, and 15-18 months	Once between ages 4-6 (school entry)	See Tetanus-Diphtheria (Td)	See Tetanus-Diphtheria (Td)
Tetanus-Diphtheria (Td)	N/A	N/A	A booster once between ages 11-15	A booster once between ages 11-15
Haemophilus Influenzae, type B (Hib)	At ages 2 months, 4 months, 6 months, and 12-15 months	Check with your pediatrician to find out if your child has already received four doses of Hib	Not routine	Not routine
Pneumococcal Conjugate Vaccine	At ages 2 months, 4 months, 6 months and 12-15 months	Recommended for high risk children older than age 2	Not routine	Not routine
Varicella (chicken pox)	Once between ages 12-18 months	At any age if not yet immunized and no history of chicken pox	At any age if not yet immunized and no history of chicken pox	At any age if not yet immunized and no history of chicken pox
Measles, mumps, rubella (MMR)	Once between ages 12-15 months	Once between ages 4-6 (school entry)	Check with your pediatrician to find out if your child has already received 2 doses of MMR	Check with your pediatrician to find out if your child has already received 2 doses of MMR
Influenza (Flu)	Every year if at high risk starting at age 6 months	Every year if at high risk	Every year if at high risk	Every year if at high risk
Hepatitis A Vaccine	Not routine	Recommended for high risk children	Recommended for high risk children	Recommended for high risk children

GIC Pediatric Preventive Health Guidelines

Screening	Birth to 23 months	Children age 2 to 6	Children age 7 to 12	Children age 13 to 18
Routine checkup	Newborn in hospital, by age 4 weeks; at 2, 4, 6, 9, 12, 15, and 18 months	Every year	Every other year beginning at age 6	Every other year
Lead	Once at age 9-12 months	At ages 2, 3, and 4 in Massachusetts	Not routine	Not routine
Hearing	Newborn in hospital; then subjective evaluation at each preventive visit	Once between ages 3-5	Subjective evaluation at every routine checkup	At ages 15 and 18
Vision	Newborn in hospital; then subjective evaluation at each preventive visit	Subjective evaluation at every routine checkup	Subjective evaluation at every routine checkup	Every other year
Tuberculosis	Annual risk assessment	Annual risk assessment	Risk assessment at checkup	Risk assessment at checkup
Urinalysis	Not routine	Once between ages 3-5	Not routine	Once between ages 13-18
Blood count	Once by age 9-12 months	Not routine	Not routine	Once between ages 13-18
Blood pressure measurement	Not routine	At every routine checkup starting at age 3	At every routine checkup	At every routine checkup
Dental checkup	Not routine	Once by age 3 with subsequent visits as prescribed by a dentist	Once every six months	Once every six months
Cholesterol	Not routine	Not routine	Not routine	Not routine
Pelvic exam and Pap smear (females)	Not routine	Not routine	Not routine	Annually when sexually active; otherwise at every routine checkup beginning at age 18
Breast self exam instructions (females)	Not routine	Not routine	Not routine	At age 18
Testicular self exam instructions (male)	Not routine	Not routine	Not routine	At every routine checkup

Holiday Stress Often Conflicts with Seasonal Joy



Fighting crowds. Money worries. Social obligations. Family gatherings. Memories. Baking. Cleaning. Sending cards. Yes, the holiday season is coming soon. And with it, a level of stress not experienced anytime else in the year.

Prepare in advance to reduce your stress and enjoy the season. Start shopping early. Utilize catalog and Internet shopping convenience. Don't overspend: keep to a budget. Delegate responsibilities and activities so that you do not take on more than you can do. Stay focused on keeping a positive attitude. View all tasks you take on as a choice. Eliminate or avoid traditions you dislike. Don't get into meaningless arguments; ignore rather than continue negative conversations. Attend parties on your own terms. Schedule time with family and loved ones during which you can share the real meaning of the holidays.

If you are a state agency manager or supervisor and would like your employees to get holiday stress management assistance, plan ahead. Call Susan Cooper at 781-768-2277 to schedule stress management seminars, management consultations, grief support groups, and critical incident debriefings. Individuals with the Indemnity Plan or Commonwealth PPO can access personal short-term help through United Behavioral Health at 1-888-610-9039.

\$2500 Tufts Scholarships Awarded

Four students were awarded \$2500 scholarships by Tufts Health Plan, administrator of the Commonwealth PPO, on July 15, 2000. The four winners are children of State employees and have a minimum college GPA of 3.0 and a demonstrated interest in a public service career. Congratulations to: **Catherine Sumner**, Williams College, daughter of Stephen Sumner, employed by the Department of Industrial Accidents **Rachel Sharon Slate**, University of MA-Amherst, daughter of Arthur and Frances Slate, employed by the Department of Transitional Assistance and the Division of Medical Assistance. **Jennifer Young**, Northeastern University, daughter of Gary Young, employed by Worcester State College **Kate Adeletti**, University of Hartford, daughter of Ann Adeletti-Reneris and Steven Reneris, both employed by UMass-Amherst.

Benefit Access



GIC Indemnity Plan, GIC Indemnity Plan PLUS, Indemnity OME	1-800-442-9300 www.plusaccess.com
Commonwealth PPO (Tufts)	1-800-870-9488 www.tufts-healthplan.com
CIGNA HealthCare, CIGNA CentralCare	1-800-244-1870 www.cigna.com
Fallon Community Health Plan, Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care, GIC Retiree Plan First Seniority	1-800-542-1499 www.harvardpilgrim.org 1-800-238-6420
Health New England, Health New England Medrate	1-800-842-4464 www.healthnewengland.com
Neighborhood Health Plan	1-800-433-5556 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement, Tufts Secure Horizons	1-800-462-0224 www.tufts-healthplan.com 1-800-246-2400
United Behavioral Health	1-888-610-9039 www.unitedbehavioralhealth.com
Prescription Drugs for GIC Indemnity Plan and Commonwealth PPO	Toll Free: 1-877-828-9744 www.express-scripts.com
The Hartford (LTD Insurance)	1-800-322-6222 Not available
Medicare	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 www.state.ma.us/treasury/srb.htm
Group Insurance Commission	1-617-727-2310 www.state.ma.us/gic
TDD/TTY Access	1-617-227-8583

Benefits for Staff in Legislature, Executive Offices, and Managers

Delta Dental	1-800-553-6277 www.deltamass.com
SightCare	1-800-595-9881

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Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor

HMOs Tackle Under-Treated or Under-Diagnosed Illnesses at GIC's Behest

- Can physicians better identify patients with depression and get them into treatment?
- How can diabetics be helped to better manage their disease so they can avoid its complications?
- Children often are prescribed antibiotics they don't need, contributing to the rise in antibiotic resistant bacteria - how can that practice be reduced?
- How can we encourage heart attack patients to adopt healthier lifestyles?

These are some of the questions that the GIC's six HMOs are attempting to answer through pilot programs they are sponsoring. The GIC mandated that each of its HMOs identify an under-treated or under-recognized illness that drives up health care costs and harms enrollee health. Called Quality Breakthrough Initiatives (QBI), each HMO reports its progress twice a year to the GIC over a three-year period.

Final analyses of these programs will be released next spring, but preliminary progress is encouraging. Fallon Health Plan is sponsoring a Coronary Artery Disease intervention program; intermediate results show a reduction in hospital readmissions of 59%, a statistically significant reduction in depression, and an initial smoking cessation rate of sixty-six percent. Harvard Pilgrim Health Care is sponsoring a QBI to better identify patients with depression. The physicians who have embraced the program were able to increase their identification of depressed patients by seven percent, better ensuring that these patients obtain the care they need. The GIC will keep you apprised of these important initiatives' progress.



The Harvard School of Public Health visited the GIC along with twenty-five officials from eight Middle Eastern, African, and Asian countries in August. The visit's objective -- to learn about how the GIC selects vendors, controls costs, and improve health care quality.



Are You a Female 40 or Over? Don't Procrastinate, Schedule a Mammogram

"I don't have time", "I have no breast problems, so mammography isn't necessary", "My doctor never recommended I get one", "It's painful and the facility is too far away". "It's expensive".

If these are some of the excuses you have for not scheduling a mammogram and you are a female over forty, pick up the phone and schedule an appointment. It could save your life. All GIC health plans recognize the importance of mammograms (an x-ray picture of the breast). All plans cover annual mammograms for women over forty.

- Women age 65 and older are less likely to get mammograms than younger women do (less than 55% have had a mammogram in the last two years) even though breast cancer risk increases with age.
- Breast cancer is the leading cancer diagnosed in American women: this year 180,000 women in the U.S. will learn that they have breast cancer and more than 40,000 women will lose their lives from it.
- When breast cancer is detected early and treated promptly, suffering and loss of life can be significantly reduced.
- Routine screening mammography is the single most effective method to detect breast changes that may be cancer, long before physical symptoms can be seen or felt.



Friday, October 20 is National Mammography Day. During October the GIC Indemnity Plan will be sponsoring a series of receptions at mammography provider sites. Women enrollees age 40 and over who reside near these facilities will receive invitations in the mail. These events will include facility tours, a presentation, and refreshments. The Health New England HMO will be participating in the annual Rays of Hope Walk in October. Health New England sends female members birthday cards beginning at the age of 35 to encourage mammograms. CIGNA HealthCare will sponsor a Women's Health Night at the YWCA in Worcester on Wednesday, October 25. This event will include health exhibits and educational workshops on women's health issues. For more information about mammograms and National Mammography Day, visit www.nbcam.org.

Mass Compassionate Care Coalition Unscrambles End-of-Life Care Issues

End of life care is fraught with complications and stresses for patients and loved ones alike. The nonprofit Massachusetts Compassionate Care Coalition can help. Founded in 1997 by a voluntary coalition of public and private organizations, including the GIC, it provides a menu of resources to help navigate end-of-life care.

Members volunteer their time and experience to the organization. Others provide charitable contributions to support pilot and public awareness programs corresponding to the MCCC's mission. All contributors share a devotion to alleviating suffering and enhancing the quality of life for persons nearing the end of life. Whether you need end-of-life care information, or want to volunteer your time or resources, the MCCC is only a call or click away. Membership is free. Contact the MCCC at 781-848-0763 or www.massccc.com.

Letters to the Editor

"I am writing to you for your consideration to having a GIC Health Fair next year, 2001 in Brighton, MA..."

L. Snyder, Brighton, MA

"A great stride toward this goal (improving next year's annual enrollment) was holding of health fairs on Saturdays... Additionally a fair ought to be held at the State Transportation building... Perhaps a greater use of the Internet would be of help, i.e. have catalogs and directories on-line saving a lot of paper and eliminating the need to do any traveling to a fair."

K. Pearson, Boston

Editor's note: The GIC selects health fair locations based on where enrollees work and reside, state facility size, parking, and handicap accessibility. We will retain these suggestions for consideration when scheduling next year's fairs. Your comments on improving our web site are very timely. We are working on this now. This newsletter is on the GIC web site and other enhancements will be added in the very near future.

"...Apparently claims for drug coverage with Merck-Medco were assigned to Express Scripts which has higher fees."

E. Eagan, Holden, MA

Editor's Note: The copayment increase was entirely separate from the change in Pharmacy Benefit Manager. Last fall the GIC Commission analyzed its prescription drug program to determine what it could do to help control drug costs. The Commission voted to put in place a three-tier copayment with higher co-pays for certain brand prescription drugs for which alternative drugs are available. The GIC's HMO plans also increased the amounts that their members pay for prescription drugs; all but one put in a similar three-tier system effective July 1, 2000.

Separately, the GIC's pharmacy benefit manager contract with Merck-Medco expired on June 30, 2000. The GIC issued a competitive bid for PBM services beginning July 1, 2000. In February, the GIC Commission selected Express Scripts as the new pharmacy benefit manager as it offered the best value of service and price. Whoever was awarded the contract would have charged the same co-pays.

"Thank you for inviting me to participate in the health enhancement program called PREMIER. The questionnaire made me aware of ways I could improve my overall health. Am also grateful to the Healthtrac people, especially Dr. James Fries, the Medical Director. Just wanted you to know how much I appreciated being included."

A. Rogan, Beverly, MA

"I would like to express my sincere appreciation to GIC for establishing the Premier Health Service ... Over the past months I have had numerous occasions to use this service and have been helped by Patricia Baum at the staff. She has been such a comfort to me and I hope that this program in continued. Many people need such a source of aid, information and comfort."

Sincerely, R. Bachmann, Andover, MA

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. (The GIC received some thought-provoking letters that we were not able to answer nor resolve the issues raised, as they were not signed.) *Send Letters to the Editor to: Cynthia McGrath, Editor, For Your Benefit, Group Insurance Commission, P.O. Box 8747, Boston, MA 02114-8747.*

Attention High Risk Enrollees – Prepare for the Flu Season

Want to avoid being “knocked off your feet” by influenza (the “flu”) for three to ten days? For high-risk individuals, vaccinations are not a luxury: they’re a necessity. People 65 and older and younger people with a chronic medical condition should get a flu vaccination in October. Flu season typically runs December to March, peaking in January and February.

The flu is characterized by a rapid onset of severe symptoms almost always including high fever, headache, muscle aches, chills, tiredness, and a dry cough. Influenza is a very common infection with approximately 25 to 50 million cases reported each year. It is generally a benign illness in young, healthy individuals. However, it can prove life threatening to certain groups.

Get immunized annually. Influenza viruses continually change, and each year’s vaccine is updated to include the most current influenza virus strain. You cannot get the flu from the vaccine. The only type of influenza



vaccine licensed in the United States is made from killed influenza viruses, which cannot cause infection.

The Center for Disease Control and Prevention strongly recommends the flu vaccine for health care workers, persons aged 50 years and older, residents of nursing homes, adults and children with certain chronic medical conditions, and women who will be in the second or third trimester of pregnancy during the influenza season. The CDC also recommends that students residing in dormitories and those traveling to certain locations consider receiving the vaccination.

Due to problems in the manufacturing of this year’s influenza vaccine, the CDC and Massachusetts Department of Public Health predict substantial delays in the distribution of the vaccine as well as possible shortages. Therefore, they have asked healthy people younger than 65 years of age to wait until after November to seek a flu vaccine. *For more information about the flu vaccine, speak with your primary care physician, or consult the Centers for Disease Control web site at www.cdc.gov/ncidod/diseases/flu/fluovac.htm.*

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